



**City Assessor's Office
Change of Mailing Address Form
For Real Estate**

OFFICE USE ONLY

Received: _____

Processed: _____

Processed By: _____

This form must be completed and signed by a listed owner of record. Please complete one form for each parcel affected and return to:

*City Assessor's Office
900 Church Street
Lynchburg, VA 24504
Phone: (434) 455-3830
Fax: (434) 847-1452*

Name of Owner(s):	
Parcel Identification Number: (XXX-XX-XXX)	
Property Address:	
Current Mailing Address:	
New Mailing Address:	

Signature of Owner(s): _____ **Date:** _____

Signature of Owner(s): _____ **Date:** _____